

APR 14 2005

**sanofi pasteur**

The vaccines business of sanofi-aventis Group

Intellectual Property – Knerr Building  
One Discovery Drive  
Swiftwater, PA 18370 USA

Telephone: 570-839-5537  
Facsimile: 570-895-2702  
E-Mail: robert.yoshida@sanofipasteur.com

**Fax**

To:  
Mailstop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile: (703) 872-9306

From:  
Robert Yoshida  
Sanofi Pasteur Inc.

This facsimile is 20 pages, including this cover page

April 14, 2005

Re:    Appl. No.:        10/043,344  
      Applicant:       Loosmore et al.  
      Filed:            January 14, 2002  
      Title:             Transferrin Receptor Genes  
      TC/A.U.:          1645  
      Examiner:        Hines, Jana A  
      Docket No.:      1038-1221 MIS:jb

This facsimile consists of:

Transmittal Form (1 page)  
Petition for Extension of Time Under 37 CFR 1.136(a) ( 1 page)  
Credit Card Payment Form (1 page)  
Amendment (15 pages)  
Certificate of Transmission under 37 CFR 1.8 (1 page)

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PTO/SB/21 (09-04)

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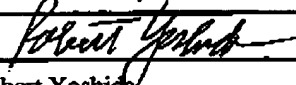
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/043,344	
	Filing Date	January 14, 2002	
	First Named Inventor	Sheena M Loosmore	
	Art Unit	1645	
	Examiner Name	Hines, Jana A	
Total Number of Pages in This Submission	19	Attorney Docket Number	1038-1221 MIS:jb

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form and Certificate of Transmission
Remarks: The total number of pages of this submission includes this Transmittal Form.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sanofi Pasteur, Inc.		
Signature			
Printed name	Robert Yoshida		
Date	April 14, 2005	Reg. No.	54,941

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U.S. Appl. No. 10/043,344, filed January 14, 2002  
Attorney Docket No. 1038-1221 MIS:jb

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